



Attorney Docket No.: 1296-01

In re Application of Pascal Pineau

Serial No.: 09/976,945

Filed: October 12, 2001

For: MEDICAL IMAGING SYSTEM

Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA DC 22313-1450

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OCT 23 2003

Technology Center 2600

Sir:

Transmitted herewith is an Amendment in the above-identified application.

- Small entity status of this application under 37 CFR §1.9 and §1.27 has been established by a verified statement previously submitted.
- A verified statement to establish small entity status under 37 CFR §1.9 and §1.27 is enclosed.
- x No additional fee is required.

The fee has been calculated as shown below:

(Col. 1) (Col. 2) (Col. 3)

SMALL ENTITY

OTHER THAN  
SMALL ENTITY

	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NO. PRE- VIOUSLY PAID FOR	PRESENT EXTRA
TOTAL	* 7	-	** 20 =	0
INDEP.	* 1	-	*** 3 =	0
___ First presentation of multiple dependent claim				

RATE	ADD'L FEE
x 9=	\$
x42=	\$
+140=	\$

OR

RATE	ADD'L FEE
x18=	\$
x84=	\$
+280=	\$

TOTAL ADDITIONAL FEE \$0 OR \$\_\_\_\_\_

- \* If the entry in Col. 1 is less than the entry in Col. 2, write "0" in Col. 3.
- \*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.
- \*\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3,

write "3" in this space.

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found from the equivalent box in Col. 1 of a prior amendment or the number of claims originally filed.


☐ Please charge my Deposit Account No. 50-1442 in the amount of \$ \_\_\_\_\_.  
A duplicate copy of this sheet is enclosed.

☐ A check in the amount of \$ \_\_\_\_\_ is attached.

☒ The Commissioner is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account No. 13-3405. A duplicate copy of this sheet is enclosed.

☒ Any filing fees under 37 CFR § 1.16 for the presentation of extra claims.

☒ Any patent application processing fees under 37 CFR § 1.17 with the exception of the Issue Fee which we intend to pay by check.

  
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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Art Unit : 2623  
Examiner : M. Miller  
Serial No. : 09/976,945  
Filed : October 12, 2001  
Inventors : Pascal Pineau  
Title : MEDICAL IMAGING  
: SYSTEM

Customer No.: 35811

Docket No.: 1296-01

Confirmation No.: 1749

Dated: October 17, 2003

**Mail Stop AF**

Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

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**Certificate of Mailing Under 37 CFR 1.8**

For

Postcard  
\$65.00 Check  
Change of Address  
Claim of Extension of Time, in duplicate  
Amendment Transmittal Letter, in duplicate  
Amendment

I hereby certify that this correspondence is being deposited with the United States Postal Service as First Class Mail in an envelope addressed to the Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on the date appearing below.

Name of Applicant, Assignee, Applicant's Attorney  
or Registered Representative:

Piper Rudnick LLP  
Customer No. 35811

By: M. N.

Date: 10/17/03